Proposal to Amend IMCC Act, 1970

1863. SHRI RAJ NATH SINGH:
PROF. RAM KAPSE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have under consideration a proposal to amend the IMCC Act, 1970 so as to include Naturopaths in the list of Government recognised medical practitioners; and

(b) if so, by when the Bill to amend the Act will be tabled in Parliament?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) The proposal to set up Statutory Bodies on the pattern of CCIM is under the active consideration of the Government.

Shortage of Medical Staff in Government Hospitals of Delhi

1864. SHRI O.P. KOHLI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government hospitals, dispansaries and other health services at Delhi are suffering from a shortage of medical staff and nearly 200 medical officers posts have been lying vacant for over two years now; and

(b) if so, what action Government propose to take to fill up the medical posts lying vacant?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) At present about 200 Posts of Specialist/Medical officers are vacant in Delhi out of sanctioned posts of around 2650.

(b) Specialists Posts as well as Medical Officers Posts are filled up on the basis of recommendations of the Union Public Service Commission. Efforts are being made to fill up the Medical Posts from the candidates allocated to CHS, on the basis of Combined Medical Services Examinations, 1997, and candidates recommended for vacant sprecialist posts.

Pregnancy Related Deaths in Maharashtra

1865. MISS SAROJ KHAPARDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) on an average how many women out of one lakh die due to child birth or pregnancy related causes in Maharashtra and how does it compare with other States;

(b) whether it is a fact that most of these deaths in the State are avoidable deaths; and

(c) if so, what remedial steps are being taken by Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) As per Survey of Causes of Death during 1991—94, Sample Registration System, Registrar General of India, the indirect estimates indicate that the maternal mortality rate (MMR) in Maharashtra at 307 per 1,00,000 population is higher than that of Kerala (102), Punjab (124) and Tamil Nadu (245); however it is much lower that many other states like Assam (1049), Bihar (762) and Madhya Pradesh (650).

(b) Most of the maternal deaths are due to haemorrhage [24%, anaemia (19%), toxaemia (15%), abortion (12%) and infection 8%], which are preventable through better Ante-Natal, Natal and Post-Natal Care.

(c) The Reproductive and Child Health (RCH) Programme launched in October 1997, by the Government seeks to integrate all interventions for fertility regulation, and Maternal and Child Health, and thus ensure promotion of sound reproductive health both for men and women. The Programme lays special stress on Maternal Health. It envisages upgrada-

tion of Rural Health Facilities, for providing referral services for high risk pregnancies, essential and emergency obstetric and new born care; Primary Health Centres are also being strengthened to promote institutional births; Traditional Birth Attendants are being trained to make home delivery clean and safe.

Measures for improving maternal health also include:

(i) Expansion and improvement in services for safe Medical Termination of Pregnancy; a programme for detection and treatment of Reproductive Tract Infections and Sexually Transmitted Diseases; round the clock delivery services in at least selected Rural Hospitals; referral transportation for high risk pregnancies for poor families through the Gram Panchayats, etc.;

To supplement Government's efforts, NGO's are being involved in a significant way, to improve outreach services and to enssure community participation in Maternal Health Programmes. Drugs for Pregnant Women and Mothers are also being supplied through the Primary Health Centres and the Sub-Centres.

New Vaccine for Hepatitis-B

1866. SHRI SATISH PRADHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the Technology Development Board has developed a new vaccine for Hepatitis-B;

(b) if, so whether new vaccine will be prices at Rs. 140/- as compared to imported vaccine priced at Rs. 280/-;

(c) whether Government will include this vaccine in the child welfare programmes in line with Pulse Polio and other such vaccines; and

(d) if 100% free vaccine is not possible, whether the cost will be subsidised for Hepatitis-B Vaccine?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir. Technology Development Board has supported the Development and Commercialisation of Hepatitis-B Vaccing manufactured by M/s. Shantha Biotechnic Pvt. Ltd, which is developed in its in-house R&D Unit.

(b) As per information received from Department of Science & Technology, the sale price of the new vaccine is Rs. 212/- (inclusive of all taxes) for one single adult dose.

(c) and (d) The estimated cost of including Hepatitis-B vaccine in the Immunization Programme will be around Rs. 525 crores per annum, and for the IX Plan period it will be around Rs. 2625 crores. Additional resources of this size are not available within the Department of Family Welfare. Planning Commission has indicated that funds required be made up by internal Resource Mobilization as additional allocation would not be possible.

Communication Network through Electronic Means

1867. SHRI W. ANGOU SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have received an application for establishment of a communication network through electronic means for rapid exchange of information submitted by the Regional Institute of Medical Sciences, Imphal; and

(b) if so, the steps taken for establishment of such a network together with the reasons for delaying it?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) No, Sir. However, it has been reported by Regional Institute